Resolution # _	19-1
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WHEREAS, County policies and procedures require both the assigned oversight committee and the Finance Committee to approve all requests to apply for grants from Federal and State agencies, as well as grants from all other entities; and, WHEREAS, County policies and procedures require that the acceptance of grants of \$30,000 or more must be approved by the full County Board; wishes to apply WHEREAS, the Department of Public Health for and accept an a grant from Illinois Department of Public Health for the Public Health Emergency Preparedness Grant - Sangamon program in the amount of approximately \$117,984.00 to provide WHEREAS, this grant will allow Public Health support for emergency services by preparing for 21st century threats to protect public health ; and WHEREAS, as documented by the approval of this resolution, Public Health have approved the Committee and the Finance Committee Department's request to apply for the Public Health Public Health Emergency Preparedness - Sangamon grant and the committees recommend that the if awarded this grant, Board approve the acceptance County Illinois Department of Public Health NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this approves the acceptance June 2021 , Public Health Emergency Preparedness - Sangamon grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Public Health The County Administrator is authorized to sign required grant documents to execute the agreement for this grant. ATTEST: Chairman, Sangamon County Board County Clerk Committee , Approved by the Public Health Approved by the Finance Committee ______, _____ , Chairman

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JUN 0 3 2021

M-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health		SAMPS COST PRANCIONAL CONTRACTOR SAMPS SOFT STATEMENT		
Grant Program Title: Public Health Eme	rgency Preparedness Grant	- Sangamon		
This request is for: a new grant 🗷	renewal or extension of an exi	sting grant		
Grantor: Illinois Department of Public H	Health			
Brief description of the grant program an	d its benefits to Sangamon Co	unty:		
The focus of this grant is to help the G effectively respond to and recover fror management, and building medical su and exercising the necessary resource Prevention's (CDC) most current versi National Standards.	n 21st century threats by en irge capacity. The Grantee c e elements, tasks, and functi	hancing communications, imp an accomplish this by assess ions of the Centers for Diseas	proving resource ling, prioritizing, building, lee Control and	
Anticipated Grant Revenue Amount:: \$	117,984.00			
Are matching funds required?	res No			
If yes, please state the amount and the	source of matching funds:			
10% match required - source of matching	funds are direct administrative o	costs.		
If this grant is approved, will any new persif Yes, please indicate the number and		≰ No		
Are there any indirect costs or legal requirequirements to continue specific program		grant (i.e., increased workload o	n existing staff,	
If Yes, please provide details. Include attachment if needed:				
	Current FY	Current FY + 1	Current FY + 2	
Number of Employees				
Personnel Costs (in dollars)				
Fringe Benefit Cost				
Other Costs (Equipment, etc)				
Total Cost				
Requested by:	Y Juill (Department Head Signature)		Date:	